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22832 7590 04/10/2007  
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 One Lincoln Street  
 BOSTON, MA 02111-2950

07/11/2007 WABDEL3 00000003 10647872

01 FC:1501 1400.00 DP  
 02 FC:1504 300.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,872	08/25/2003	Luigi Nebuloni	INL-050C1	3188

TITLE OF INVENTION: METHOD OF OPERATING A PHOTOMETRIC ANALYSIS APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SODERQUIST, ARLEN	1743	422-072000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kirkpatrick & Lockhart  
 Preston Gates Ellis LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11: Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Instrumentation Laboratory S.P.A.

Milan, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized to charge \_\_\_\_\_ any deficiency, or credit any overpayment, to Deposit Account Number 50-1721 (enclose an extra copy of this form).

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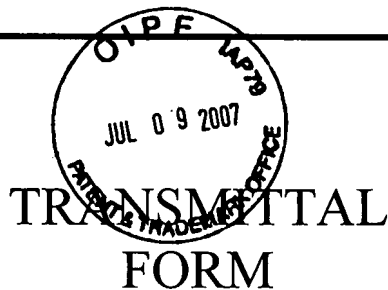
- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Ronda P. MooreDate July 9, 2007Typed or printed name Ronda P. MooreRegistration No. 44,244

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Application Serial Number	10/647,872
Filing Date	August 25, 2003
First Named Inventor	Nebuloni <i>et al.</i>
Group Art Unit	1743
Examiner Name	Soderquist, Arlen
Attorney Docket No.	INL-050C1
Confirmation No.	3188

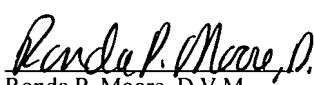
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## SIGNATURE BLOCK

Respectfully submitted,  
  
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